PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

| or <u>Fax</u> (571)-273-2885 | | | | | | |
|--|--|--|--|--|---|--|
| INSTRUCTIONS: This form should be used appropriate. All further correspondence inclu- indicated unless corrected below or directed or maintenance fee notifications. | f for transmitting the 1S ding the Patent, advance otherwise in Block 1, by | SUE FEE and PUBLICA orders and notification of (a) specifying a new cor | ATION FEE (if requ if maintenance fees respondence address | nired). Block will be mail s; and/or (b) | cs 1 through 5 st ed to the current indicating a sept | hould be completed whe correspondence address trate "FEE ADDRESS" f |
| | | | | | | |
| | F | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| | | Ce | rtificate of N | Mailing on Trans | mission | |
| PEARNE & GORDON LLP 1801 EAST 9TH STREET SUITE 1200 | I Si as tr | Certificate of Mailing or Transmission Levely certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with nufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
| CLEVELAND, OH 44114-3108 | | | (Depositor's name) | | | |
| | | | | | | (Signature |
| | | L | | | | (Date |
| APPLICATION NO. FILING DAT | E | FIRST NAMED INVENTO | OR. | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/592,988 09/15/2000 TITLE OF INVENTION: ELECTRO-MECHA | Yoshito Nakanishi | | NGB-41317 7700 | | 7700 | |
| APPLN, TYPE SMALL ENTITY | 1 | | | | | ·- |
| | ISSUE FEE DUE | PUBLICATION FEE DUI | | E FEE TO | TAL FEE(S) DUE | DATE DUE |
| | \$1510 | \$300 | \$ 0 | | \$1810 | 03/22/2010 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | _ | | | |
| ROJAS, BERNARD | 335-078000 | | | | | |
| Change of correspondence address or indicati CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Pearne & Gordon LLP | | | | | |
| Change of correspondence address (or Ch Address form PTO/SB/122) attached. | or agents OR, alternatively, | | | | | |
| "Fee Address" indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attac Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DAT | A TO BE PRINTED ON | THE PATENT (print or t | vpe) | | | |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| PANASONIC CORPORATION OSAKA, JAPAN | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🍎 Corporation or other private group entity 🚨 Government | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | | |
| Publication Fee (No small entity discount permitted) | | | | | | |
| Advance Order - # of Copies Zimb Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 505004 (enclose an extra copy of this for | | | | | | |
| 5. Change in Entity Status (from status indicate | ed above) | | out i toodili i tulige | 10000 | 4 (circlose all | extra copy of this form). |
| a. Applicant claims SMALL ENTITY stat | us. See 37 CFR 1.27. | b. Applicant is no los | nger claiming SMAL | LENTITY : | status. See 37 CFI | R 1.27(g)(2). |
| NOTE: The Issue Fee and Publication Fee (if fee interest as shown by the records of the United Sta | uip will not be accept | d from any he other than | the applicant; a regis | stered attorne | ey or agent; or the | assignee or other party in |
| Authorized Signature | key // | eko | | 2/3/ | | |
| Typed or printed name | | | Registration N | 0 | 27676 | |
| This collection of information is required by 37 of an application. Confidentiality is governed by 35 submitting the completed application form to this form and/or suggestions for reducing this but the confidence of the confiden | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the | on is required to obtain or 1.14. This collection is es y depending upon the indi | retain a benefit by the stimated to take 12 m vidual case. Any cor | ne public whi minutes to comments on the | ich is to file (and l mplete, including he amount of time | by the USPTO to process) gathering, preparing, and you require to complete |

DOX 19-00, AREXANDRA, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. BOX 1450, AREXANDRA, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.